A Mask for Every Occasion: How the Face Mask Connects Medicine, Fashion, and Politics in Chinese Narratives

Research Thesis

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Abstract

The habit of mask wearing, which is now recognized internationally as a predominantly East Asian (especially Chinese) practice (although reputedly Chinese in origin), was grounded in Western medical ideology. Nowadays, people who wear masks in East Asia—and travelers from East Asia who wear masks abroad—wear them for many reasons, including but not limited to: to avoid infecting others with an illness the mask-wearer suffers from, to avoid being infected with an illness from those around them, to protect from smog, sandstorms, or other harmful airborne particulate matter, to avoid breathing in cold air, to cover a breakout of acne, or to be cute or fashionable.

Instead of just reporting a list of the many reasons why people in China choose to wear face masks, this paper seeks to trace how the mask changed throughout several different historical contexts, how it came to be used for several different purposes, and how it became entangled in several different public connotations.

By drawing upon facts and figures from history, anthropological theory, and narrative analyses of interviews with Chinese citizens, I explore the use of face masks, their history, and their influence.

All at once, the mask is a medical device, a fashion statement, a visible narrative, and a cultural symbol. To know exactly in which ways the mask has influenced Chinese culture will require more research; it may have influenced the generally accepted definition of disease, cultural opinions on hygiene and the environment, and the modern state of Traditional Chinese Medicine.

The history and impact of the mask illustrate the power of cultural narrative, and show how a simple device can facilitate the development and mutual influence of ideas.

A note about language:

I should make a note about the language used in this paper to explore the dichotomy (or lack thereof) between the so-called East and West. Of course, this paper cannot make claims about the differences between everything belonging to "the West," versus everything belonging to "the East." Rather, this paper draws on information gathered in the field from citizens of Mainland China, and combines it with information from scholarly sources written about China (which occasionally deal with other adjacent parts of East Asia) in hopes to help explain the complicated habits of remaining healthy and the conceptualizations and thought patterns that inform them.

This paper, written by an American biomedical scientist in-training, will inevitably tend to function under the idea that the Chinese ideas discussed here are the "other" ideas; however, it is important to say explicitly that no claim is being made here on which ideas are *better,* nor is it meaning to say which type of medical care is better—"us (in the West)" versus "them (in the East)" oppositions will be altogether avoided.

That being said, it is sometimes useful to dodge certain limitations that are characteristic of the language we are wont to use—for example, only using the words "China" and "Chinese" to describe the ideas and histories this paper discusses might imply that these are unique only to the People's Republic of China (which is untrue). However, saying "the East" is untrue for the opposite reason; it is too large a scope. This paper will therefore seek to be as specific as possible when discussing the origination of ideas and their exact scope, but it should be understood that at some points the notion of specificity may be momentarily suspended for the sake of not being overly cumbersome in language.

In general, this paper will deal mostly with the ideas at the roots of Western medicine/, those articulated by Hippocrates of Kos and his disciples and intellectual descendants, ideas and conceptions generally shared by the peoples of Western European countries and their colonies (mostly the United States). This paper will also consider the more general fundamental ideas of modern biomedicine. Lastly, this paper will compare these ideas to the ideas generally shared by the peoples of Mainland China, and the ideas and conceptualizations held by practitioners of and adherents to Traditional Chinese Medicine, and the ancient origins thereof.

This paper seeks to use the mask as a case study to understand the interactions between Chinese culture and medical traditions, and the so-called "Western" cultures and medical traditions; in addition, this paper seeks to demonstrate the role that the mask may have played in mediating the exchange and development of ideas between these two spheres. However, to fully understand the specific effects of the face mask in China will take more research.

I began this project by asking a simple question:

"Why do people in China choose to wear face masks outside?"

The answer to this simple question, as it turns out, is not at all simple, but is perhaps uninteresting. The habit of mask wearing, which is now recognized internationally as a predominantly East Asian (especially Chinese) practice, although reputedly Chinese in origin, was grounded in uniquely—and importantly—Western medical ideology. Nowadays, people who wear masks in East Asia—and travelers from East Asia who wear masks abroad—wear them for many reasons, including but not limited to: to avoid infecting others with an illness the mask-wearer suffers from, to avoid being infected with an illness from those around you, to protect

from smog, sandstorms, or other harmful airborne particulate matter, to avoid breathing in cold air, to cover a breakout of acne, or to be cute or fashionable.

The medical[1] use of face masks is thought to have started in the early twentieth century, first in China but then throughout the rest of Asia and Europe. By the end of the 1920s, wearing face masks outside was a common, if short-lived, practice wherever there were instances of the Spanish Flu (read: virtually everywhere).[2]

Nowadays, outside the surgical theatre, the use of face masks as a medical device is usually kept on the periphery until any potentially catastrophic plague surfaces—except in East Asia. During the 2003 SARS epidemic, and again during the 2009 H1N1 pandemic, masks regained prevalence in the global scene. Still, outside of East Asia, after the hubbub of an epidemic has settled, contagion is controlled and the media has something else to worry about, masks are largely discarded.

The wearing of face masks outside, in the absence of epidemic hubbub and outside of specific contexts (e.g. hospitals, clinics, construction sites, etc.) has become a sort of symbol of East Asia, especially of China.[3]

Instead of reporting a list of the many reasons why people in China choose to wear face masks, this paper seeks to trace how the mask changed throughout several different historical contexts, how it came to be used for several different purposes, and how it became entangled in

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[1] Because the habit of mask-wearing is now also motivated by many reasons unrelated to health, I specify *medical* motivations here as they relate to mask-wearing in response to, or in fear of, contagion. Covering of the mouth and nose to protect from the bodily harm associated with breathing in cold air likely began before the twentieth century—the distinction here is the advent of the gauze mask specifically.

[2] Paul, Gill. *A History of Medicine in 50 Objects*. (New York: Firefly Books, 2016) 152-153.

[3] This connotation is complicated—the first time the mask really started to become a symbol of China and Chineseness was during the SARS epidemic: Sin, Maria Shun Ying. "Masking fears: SARS and the politics of public health in China." *Critical Public Health* 26.1 (June 2014): 88-98. Accessed November 23, 2017. https://doi.org/10.1080/09581596.2014.923815

several different public connotations. All at once, the mask is a medical device, a fashion statement, a visible narrative, and a cultural symbol—by drawing upon facts and figures from history, anthropological theory, and narrative analyses from interviews with Chinese citizens, I explore the use of face masks, their history, and their influence, specifically in China.

I begin my interviews the same way every time: with the simple question "Do you wear a mask?"

My interviewees ranged in age, differed in geographical origin, possessed different levels of education, had different occupations, and came from diverse backgrounds—accordingly, although the question of whether you wear a mask can only be answered in two ways, responses were almost never the same:

"I don't wear one at all."[4]

"First I look at the weather report; then I decide whether or not to wear one."[5]

"Not in the US."[6]

"Where I'm from, you don't really have to wear masks."[7]

"If I'm sick, or if it's really cold, then maybe."[8]

The mask works well in China. The advent of its popular use, although far from smooth—in that several naysayers died of plague before masks were taken seriously—was due mostly to their effectiveness against transmission of the First Manchurian Plague. In and around

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[4] Shiyou, 2017.

[5] Tina, 2016.

[6] Doctor Gu, 2016.

[7] Chuan, 2017.

[8] Jesse, 2017.

China, the mask was at first a subject of humor and even of derision;[9] during the Second Manchurian plague in 1910 and 1911, Dr. Kitasato of Japan, the leading epidemic authority of East Asia, criticized the use of masks as "unnecessary and exaggerated."[10] Still, their effectiveness against transmission of the epidemic proved at least valuable enough to persist throughout the rest of the twentieth century.

Not even a decade after the Manchurian Plague, during which Cambridge-educated Chinese Physician Wu Lien-teh, known as the greatest champion against the plague—the "Plague Fighter"—purportedly invented the gauze mask,[11] the pneumonic Spanish influenza killed upwards to 100 million people worldwide.[12] It is interesting to note that during the Spanish Flu, known as one of the worst epidemics in history, the impact on China[13] may have been less severe relative to many other parts of the world.[14] Although there is a disappointing lack of surviving written Chinese records from this time, making it hard to know whether the gauze mask remained as popular in the Yuan Dynasty as it was in Manchuria in 1911, it is probable that

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[9]Almost thirty years later, in one letter-to-the-editor style periodical in Shanghai, the mask was likened to "the strange ugly types of masks that look like Zhu Bajie from Journey to the West."

[10] Lin, Sean Hsiang-Lin. *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity.* (Chicago: The University of Chicago Press, 2014) 70.

[11] Lin, *Neither Donkey nor Horse*: 64-65.

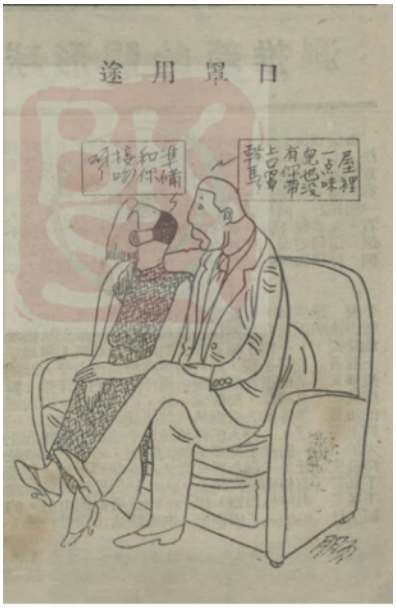
[12] Johnson, N.P.A.S. "The overshadowed killer: Influenza in Britain in 1918-19." In *The Spanish Influenza Pandemic of 1918-19: New Perspectives*, edited by Howard Phillips and David Killingray, 132-133. New York, NY: Routledge, 2003.

[13] At that point in time, the Yuan Dynasty.

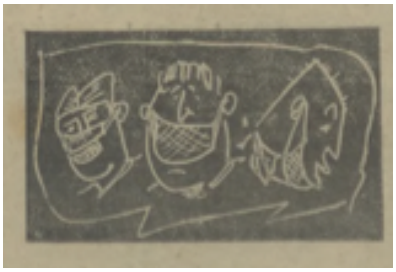
[14] There are records that indicate that the flu outbreak in Shanghai was not severe; however, there were reports of serious outbreaks 1918-1919 in cities throughout China. Iijima, Wataru. "Spanish influenza in China, 1918-20: A preliminary probe." In *The Spanish Influenza Pandemic of 1918-19: New Perspectives*, edited by Howard Phillips and David Killingray, 103-105. New York, NY: Routledge, 2003.

the habit of mask wearing "survived" up until this point, if evidenced only by the ready (and recorded) reemergence of mask-wearing later in the twentieth century.[15]

The mask's second, third, and fourth winds:



This cartoon comes from a periodical published in China in the year 1942.[16] While there were no recorded epidemics in China nearly as virulent or deadly as the Manchurian Plague, or Spanish Flu, the mask seems to remain a talking point. In this cartoon, whose title can be translated as "The Use of the Mask," the man says to the woman: "Here in this room there's not even a small, and yet you wear a mask?" She replies: "In order to prepare myself to kiss you!"



This cartoon is titled "The Three Types of People Who Wear Masks."[17] Pictured, as shown here, are three men all wearing the mask incorrectly: one covers only his nose, one only his mouth, and one wears the mask underneath his chin. Not only do these cartoons demonstrate that even in the absence of a deadly plague, the mask remains a talking point, and remains at least common enough to allow these artists to make

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[15] Henig, Robin Marantz. "The Flu Pandemic." The New York Times. November 29, 1992. http://www.nytimes.com/1992/11/29/magazine/the-flu-pandemic.html?pagewanted=all

[16] 朋弟, "口罩用途," CNBKSY. 《立言画刊》 (1942).

[17] "三种戴口罩的人," CNBKSY. 《三六九画报》 (1944).

humor out of their use. Importantly, in both of these cartoons, the mask's usefulness is being poked at.[18]

In 2003, the SARS epidemic again transformed the identity of the mask. Through the sensationalized media hubbub of the atypical disease, public health and the timely control of the epidemic, it quickly became politicized. Culturally, mask-wearing was reminiscent of Mao-era curtailment of free speech; geopolitically, SARS put China's new-found political and economic openness at stake.

Again, in 2015, the mask became entangled in yet another context. *Under the Dome*, a mini-documentary produced by author and former television anchor Chai Jing, was published to the Internet. The documentary follows the story of Chai Jing's daughter's benign tumor and Chai's subsequent investigation into the possible effect of smog on her daughter's health. Within a week, the video had reached 200 million views, and the PRC's Publicity Department had the video removed from the Internet.

Several interviewees cited the release of *Under the Dome* as the point after which people really started to wear masks in response to smog.[19] The video includes metrics on how much air pollution has increased in recent years due to lack of regulation on industrializing enterprises—it

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[18] The Chinese word used to describe the mask discussed in this paper, *kouzhao (*口罩*)* is not synonymous with the other definitions of the word "mask" in English. Broken into its components, *kou* (meaning *mouth*) and *zhao* (meaning *cover*), this word would not be used for a theatrical mask or a metaphorical mask. It very simply describes a device used to cover the mouth. While the mask indeed became entangled in many other connotations, it is important to understand that the word used to describe it in Chinese does not necessarily call attention to the English language connotations associated with the word *mask*. [18] *Pleco Chinese Dictionary* "口罩," accessed April 8, 2018.

[19] Although masks used against airborne pollutants already existed in China before *Under the Dome*, they were not very commonly used. 海琴. 编辑: 张思乐"小口罩，大奥妙." 家庭药师 (2012): 62-65. Accessed December 16, 2016.

includes data from several cities in China, and a short animation detailing how ordinary gauze/ cotton masks are not effective against smog, and specifies which kinds are.[20]

Smog is perhaps the most recent addition to the list of popular reasons people in China choose to wear masks—indeed, it is where the inspiration for this research project began. It is the topic around which most interviews revolve, even if only indirectly:

> *"I don't wear a mask, at least not here [in America]. The air is much better here."*[21]
>
> *"I remember everyone was wearing a mask when Under the Dome came out, but not so much anymore."*[22]
>
> *"I look outside and if it's hazy, then I'll check my phone—if it says the air is hazardous, I'll wear a mask."*[23]

In every interview, I ask the question: "Will the mask always be used in China?"

The younger, perhaps more optimistic, perhaps more environmentally conscious Chinese people usually commented that yes, of course, sometime in the near future the air quality situation in China will improve such that Chinese citizens do not have to worry about air quality on a daily basis. Some of the older interviewees (one especially comes to mind: a Chinese doctor who now works as a hospital administrator in Shanghai) commented that:

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[20] Linghein He, "Chai Jing's review: Under the Dome – Investigating China's Smog 柴静雾霾调查：穹顶之下," Youtube. March 1, 2015. https://www.youtube.com/watch?v=T6X2uwlQGQM

[21] Shiyou, 2016.

[22] Doctor Gu, 2016.

[23] Tina, 2016.

"Oh, well that doesn't matter—there will always be times when China is cold, so of course people will still wear masks."[24]

For her, mask use in China was only marginally about protection from smog—her outlook mainly concerned which populations should stay inside during smog, even more so which populations should just avoid *exercise* outside in smoggy conditions—for her, wearing a face mask outside was mostly about *yuhan baonuan (*御寒保暖), a four character phrase that can be translated as "keeping out the cold and keeping in the warm."

Of course, regarding cold as a vector of illness is not something unique to the Chinese conceptual framework. The common cold, which is biomedically defined as being caused primarily by any one of the 99 identified rhinoviruses, is so named because there is a longtime belief among lay-people in the West that the common cold is caused by being out in the cold air.

A study published in 2008 by *Medical Anthropology Quarterly* that compared the conceptual frameworks of people in the U.S. versus people in Mexico in order to investigate the role of lay-professional identity in the conceptualization of the common cold, concluded that while the explanatory model of the common cold is mostly common among all groups studied (i.e. Mexican laypeople, American laypeople, Mexican physicians, and American physicians), the layperson etiology, especially in Mexico, had a more complicated, involved role of hot and cold forces. In both countries, lay people identified several hot-cold causes of the disease, such as "walking on a cold floor without shoes," by "drinking/eating icy things when one is sweaty," or "being exposed to drafts/wind/air."[25]

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[24] Doctor Gu, 2016.

[25] Baer, Roberta D., et al. "Cross-Cultural Perspectives on Physician and Lay Models of the Common Cold." *Medical Anthropology Quarterly 22.2* (2008): 146-166. Accessed December 12, 2017. doi: 10.1111/j.1548-1387.2008.00012.x

Still, the exact etiology of the common cold is somewhat debated among healthcare professionals in the United States; while it is safe to say that the biomedical definition of the common cold is "an upper respiratory infection caused by a virus," the role that cold air plays in transmission of the illness is somewhat debated. Some Western physicians argue that cold, dry air likely dries out the mucosa of the respiratory tract, which weakens the "first-line" of defenses that the body has against pathogens; others argue that having a lower core body temperature weakens the immune system systematically; Dr. Sorana Segal-Maurer, chief of the Dr. James J. Rahal Jr. Division of Infectious Disease at New York Hospital Queens, argues that the only reason we have a "cold season" is that when the weather becomes cold, people tend to be inside more often, with runny noses, sneezing on each other.[26]

The single most influential point in the development of modern Chinese hot-cold etiology was, without a doubt, the incorporation of the germ theory of medicine into Chinese medicine. During this process, which focused around the practical management of typhoid fever, modern reformers were made to set biomedical Western medicine (which seemed to be able to very effectively *prevent* typhoid fever) as being directly versus Chinese medicine—which, conversely, seemed not effective in preventing typhoid fever, but rather in treating acute infections of it; practitioners of Chinese medicine who raced to become *modern* struggled to combine the separate nosologies—and their inherent etiologies—of a theory of medicine that was beginning to define the cause of illness as germs with a theory of medicine that could not. *Unifying [Chinese] Nosological Nomenclature,* (统一病名, *tongyi bingming)* the proposal written in 1933 by Shi Jinmo, the acting vice president of the Chinese Institute of National Medicine, illustrates

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[26] Anderson, Chris C. "Does cold weather cause colds?." CNN. October 31, 2014. https://www.cnn.com/2014/01/07/health/upwave-colds/index.html

this conflict. In this proposal, Shi, a Chinese physician, sought to "destroy the system of Chinese medicine" by proving that the disease known as *Cold Damage* to practitioners of TCM was actually caused by isolatable germs. The proposal explained, "This disease was originally called *Cold Damage* because the ancient people took wind and cold to be its cause. Because we now know that the real cause is the bacteria *Salmonella Typhi*, the old name of Cold Damage is no longer appropriate. We should adopt the name of the bacterium as the name for the disease." Shi Jinmo even went so far as to argue that the Chinese etiologies of Cold Disease and Warm Disease could *both* describe typhoid fever—he argued for a complete abolition of hot-cold etiology as it was known to people in China.[27]

Even after such a brutal, native attack on the system of Traditional Chinese Medicine, why does the hot-cold etiology persist? The answer, I believe, fits into the common thread of Traditional Chinese Medicine and the Chinese conception of health and illness in general: the identification of one's self as parts of a whole, versus the identification of one's self as being other, as being unique—as being separate.

Now we should side-step and discuss a bit the origin of the hot-cold etiology in China, which up until this point has been likened to the hot-cold etiology in the West.

Although the conceptualizations and rationalizations of disease may have involved similar elements in antiquity, the two schools of thought, Greek and Chinese, diverged early on and so, of course, differ distinctly.

Understanding the relationship between *yin* and *yang* is of utmost importance if one hopes to have a solid grasp of Chinese (and other East Asian) medical thinking. The originally

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[27] Lin, *Neither Donkey nor Horse*: 382-88.

Daoist concept of yin and yang does not explicitly represent balance (as is commonly thought by those who misunderstand it); nor are yin and yang immutable, fundamental forces; nor are they just spiritual, metaphysical ideas; rather, they represent a mode of thinking that can be applied to every process in the universe, from microcosm to macro. *Yin* (阴) represents all things cold, female, dark, downward, inside, tranquil, passive, and yielding, as well as the moon, and all things at their end—*yang* (阳) represents all things hot, male, light, exterior, upward, outside, active, and increasing, as well as the Sun, and all things in their beginnings.

An important thing to understand about yin and yang is that one cannot exist without the other—indeed, they are created by each other in a constant balance between creation and destruction, and prescription and definition in a way that makes them inseparable. To illustrate this using a common example: shadow cannot exist without light.

Another similarly fundamental idea to the traditional Chinese conceptualization of health and illness is the idea of *qi* (sometimes romanized "chi" in English). Qi is omnipresent—it encompasses all of yin and yang; it is not exactly energy nor is it matter. From *The Web That Has No Weaver:*[28]

> In a single syllable, the word qi proclaims one of the deepest root intuitions of Chinese civilization. Qi is the thread connecting all being. Qi is the common denominator of all things—from mineral to human. Qi allows any phenomenon to maintain its cohesiveness, grow, and transform into other forms. Metamorphosis is possible because Qi takes myriad forms. Qi is the potential and actualization of

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[28] Kaptchuk, Ted J. *The Web That Has No Weaver: Understanding Chinese Medicine*. 2nd edition. (USA: Contemporary Books, 2000) 44.

transformation. The universe moves—ceaselessly manifests and engenders because of Qi. Qi is the fundamental quality of being and becoming.

In the Chinese conscious, diseases are often thought to come from within. This usually arises from a type of imbalance in the yin and yang energies—for example, in an interview a young Chinese person remarked that ice cream made her break out in acne. I anticipated that she would say something about how the combination of sugar and fat somehow upset her metabolism (my Western rationalization for the problem), but she instead told me of how because the ice cream was cold, her face broke out due to too much *yin* energy.[29]

However, the understanding of disruption of the appropriate upkeep of yin and yang energies is something that is somewhat contested in the public conscious. In interviews with Chinese citizens with no professional background in Traditional Chinese Medicine, some said that by maintaining a good balance of yin and yang by eating the right foods, exercising—maintaining the body, mind, and spirit—one can remain healthy. Other interviewees remarked that there was a difference between the sexes—for men, having much *yin* energy at all is a bad thing; to that end, men should strictly avoid certain foods and the cold, lest they become sick. There are also those interviewees who didn't concern themselves at all with their own *qi*, did not think about *yin-yang* when thinking about themselves, and did away almost altogether with ideas of Traditional Chinese Medicine.[30]

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[29]Mia, 2016.

[30] It is appropriate to take the opportunity here to point out again, explicitly, that in no way does this discussion deal with how *every* Chinese person thinks, nor does it deal with how the entire "Western world" thinks; especially now, in an increasingly international world, ideas originally unique to parts of the world have been mixing with, and influencing each other. That being said, one goal of this paper is to trace modes of thought to their roots to see how exactly they may have come about.

At this point it might seem that the two systems are functioning on the same logical plane; whether a disease comes from within or without is often merely a question of semantics. The clear distinction between the two conceptualizations lies in the identification of causation, or lack thereof.

Joseph Needham, historian of Chinese science, illustrates this point in his book *Science and Civilisation in China*:

> Conceptions are not subsumed under one another but placed side by side in a pattern, and things influence on another not by acts of mechanical causation, but by a kind of 'inductance.'…The keyword in Chinese thought is Order and above all Pattern.…Things behave in particular ways not necessarily because of prior actions or impulsions of other things, but because their position in the ever-moving cyclical universe was such that they were endowed with intrinsic natures which made that behavior inevitable for them.… they were thus parts in existential dependence upon the whole world-organism.[31]

In a way, this leads to the conclusion that sickness is inseparable from the symptoms, as well as being inseparable from the person experiencing the pattern of illness. This contrasts with the biomedical viewpoint, where medical advances are made by isolating the exact, unique causes of illness—that is to say, biomedicine seeks to isolate, sometimes down to the microscopic level, a misfolded protein, a particular mutated sequence of the genome, a particular anatomical

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[31] Needham, Joseph. *Science and Civilisation in China*. 2nd edition. (Cambridge University Press, 1954) 280-281.

anomaly, the presence of a pathological virus or bacteria, et cetera, whereas Chinese medicine does not concern itself much with the isolatable cause of illnesses. To say it in a few words: the Chinese conceptual framework is generally holistic, whereas the framework usually conceptualized in the Western world is generally reductionist.

In the Eastern framework, maintaining a healthy body, mind, and spirit is synonymous and *indivisible* from not becoming sick. The distinction here is somewhat hard to parse out, so I will again quote Ted J. Kaptchuck,

> The Chinese method is based on the idea that no single part can be understood except in its relation to the whole. A symptom, therefore is not traced back to the cause, but is looked at as a part of a totality. If a person has a complaint or symptom, Chinese medicine wants to know how the symptom fits into the patient's entire life and biography. Understanding that overall pattern, with the symptom as part of it, is the challenge of Chinese medicine. The Chinese system is not less logical than the Western, just less analytical.[32]

For the purposes of this paper, the single most important thing to understand is this: when one views oneself as intrinsically inseparable from a web of connections that permeates all living and non-living things, all forces, and all phenomena corporeal or incorporeal, one develops a certain conceptualization of the separations between within and without, the relationships between environment and self, and the ideas of space, causation, and what is considered illness and health.

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[32] Kaptchuk, Ted J. *The Web That Has No Weaver*. 7.

Enter the mask. What happens to these ideas when a physical device is at the intersection of healthful habits, medical theories, environmental, social, and political pressures, societal and folkloric assumptions, and personal narrative? What is the wind? Is it dust, pathogens, gaseous elements, temperature, or does it merely carry these things? Is wind a force in itself, or is it merely mode of transport? Is it the wind that can make me sick, or is it the things in the wind I should worry about? Is cold air merely hot air that has cooled down, or is it unique? Where does the wind and air end, and where does breath begin? The ideas that the mask brings into question don't stop there.[33]

At this point, it becomes useful to consider the power of the narrative.

Indeed, the data that the argument of this paper hinges on are all, essentially, narratives. In an interview, participants are sharing with me the habits they have adopted in order to remain healthy. They share their rationalizations, their fears, their ideas, and their experiences about health and illness. Many comments in the interview actually focus on controlling the narrative they present to me about China.

It is interesting to consider that the mask, and mask-wearing itself, is a type of a narrative. Foremost, the mask is visible—it covers much of your face and puts you in a different light to passersby and onlookers (whatever that light may be). Second, mask-wearing is a choice. It requires the wearer to formulate a personal rationalization for putting the mask on (and to keep it on, despite it oftentimes being uncomfortable)—it requires them to place themselves within the larger narrative of their environment. Moreover, it forces people who see the mask-wearer to

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[33] What is the effect of smog on the health? Who bears the responsibility for keeping people healthy despite industrialization—the government or each citizen? Are masks just for fashion? Is it "fashionable" or "à la mode" to appear like you are savvy about the environment?

reflect: “Why are they wearing a mask? Should *I* be wearing a mask?” Without a word spoken, the mask can mediate the communication of ideas between its users and non-users.

When we ask the questions of *what the mask is doing [to this]*, or *how is the mask influencing [that]*, we are really considering how the mask is changing societal narratives.

In her article “Masking Fears: SARS and the Politics of Public Health in China,” Maria Shun Ying Sin examines how the mask was made into a symbol, both by those wearing them in China and those abroad. Within China, the mask was upheld as a symbol of society-wide cooperation in plague-fighting. Abroad, many Western media outlets equated the mask with China’s infamous censure of dissent and their attempts to “cover up the epidemic”:[34]

> An influential photographic essay on the SARS outbreak in Time magazine in 2003 told the story of SARS uniquely through a visual narrative that hinged on masks; as if the mask, as an object, was the unifying threat that rendered the ‘epidemic’ visible.

Her research shows that not only does the mask have the power to influence *how* the narrative is formed, framed, and shared—the mask has had the power to inform *what* narrative is told in the first place. The mask has acted as a medium through which ideas have been developed and dispersed—even if only by being a topic of discussion—the mask’s visibility, its comfortability, convenience, and style (or lack thereof), its price, and its efficacy have all played into the influence it has brought about on its wearers and non-wearers alike.

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[34] Sin, Maria Shun Ying. “Masking fears: SARS and the politics of public health in China.” 91.

For example: what is the mask doing to the perspective of the relationship between the environment and health?

> In my hometown, you can only see the blue sky sixty days out of the year. Most of the time, the sky is just white, and you can't really tell if it's coal, or fog, or haze, or dust."

Chuan is a university student from Shanyang County, of Shaanxi Province, one of China's main producers of coal. When I asked him: "So do you wear a mask?" He had this to say:

> Actually, no. I guess I just don't really have that kind of habit, I think it just depends on whether you have the habit or not. If you want my analysis on what kind of person, what kind of people wear masks, maybe some business people or students, like art students—people who care about their appearance, they will wear masks. Only the people who really care about their appearance. In fact, I see a lot of people just wear masks to take selfies and put it on social media. I think this trend might have started from people seeing celebrities wearing masks—like when they go to airport or whatever, they have to wear sunglasses and masks [to be anonymous]. People who wear masks like this just want to show their uniqueness."[35]

Chuan believes that the rise in this fashion trend came about around the same time as common news publications of airborne particulate hazards became more prevalent—in the early 2010s.

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[35]It should not go unnoticed that wearing the mask to express one's uniqueness is contrary to the public connotation the mask gained during the Spanish Flu and during SARS: one of collective effort for the sake of public health.

His interview became particularly interesting when the conversation shifted to the topic of cold. When asked, if he had to spend all day outside in the cold, would he choose to wear a mask, he said: "Yes, in this case I think it is necessary."

However, Chuan said earlier in the interview that he does not wear masks in Columbus, Ohio, where he goes to school, even though the weather gets colder than it does where he is from. He explained this by commenting on the long-term effects of such a habit: "If you spend five or ten years in a place that gets really cold—and even in the summertime does not get very warm—and choose not to wear a mask, I definitely feel that in that amount of time there will be some sort of bad effect on your inner health."

When prompted about the connection of this thought to TCM, Chuan was able to cite a specific tenet: "When breathing in cold air, your percentage of inner *yin* energy goes up, this type of thought." However, he admitted that he is not actually a "believer" of Traditional Chinese Medicine. He commented on TCM's lack of rigorous scientific testing, and said that he does not "need analogies" to know that breathing cold air is bad; he does not need any "eerie connotation" added to the idea of cold air, he just knows that it is bad because it is uncomfortable.

Chuan seems to be subscribing to a conceptualization of air that does not emphasize air as a substance made up of matter—a substance that is capable of carrying things and spreading them around—rather, Chuan is most concerned about the way air can make him feel. He is most concerned about the ability of air (specifically cold air) to have an effect on his inner health. The interesting distinction here to make is whether air is a mode of transmission of *other* things (e.g. particulate matter, sand, fog), or whether air is a certain force itself (which can be either hot or cold). The processing of this question seems to have a long history.

The pervasiveness of wind in the Chinese consciousness is evident even in the Chinese etymology. Words like *fengsu* (风俗) and *fengqing* (风情), go beyond the modern or Western definitions of wind—respectively, they describe the style or customs of a region, or can even be used to talk about one's feelings or demeanor. The syllable *qi* is similarly pervasive. *Keqi* (客气, meaning *polite*), *shengqi* (生气, meaning *angry*), *qimen* (气闷, meaning *depressed*), or *suqi* (俗气, meaning *vulgar*, or *in poor taste)* all use the idea of *qi* to communicate. As we already know, it would be incorrect to say that *qi* can simply be translated as "energy," or even as "breath"—*qi* is something much broader; it encompasses much more.[36]

However, to take it one step further, it is important to identify the complicated nature between prescription and definition of the word *qi*. At least since the Han dynasty, the ideas of *feng* and *qi* were interchangeable: the *Neijing* explains that "What is meant by healthy *qi* (争气, *zhengqi*) is healthy wind (争风, *zhengfeng*)."[37] Here, not only can we begin to see the blurring between the air within and the air without—we can begin to understand the connotations that come with a *qi* that is so existentially fundamental and a *feng* that is so dynamic, if the two become one and the same.

The division between the air within and the air without was similarly blurry in the ancient Greek tradition. In the Hippocratic tradition, wind also played an integral component in a people's health. In the famous Hippocratic treatise *Airs, Waters, and Places*, Hippocrates (or his ghostwriting disciple) outlines in detail the effect of different winds from different directions on

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[36] *Pleco Chinese Dictionary* "气," accessed April 8, 2018.

[37] Kuriyama, Shigehisa. *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*. (New York: Zone Books, 1999) 236.

the affected population—emphasis is put on the *composition* and *temperament* of the affected populations. Everything from their way of speech to their intelligence is affected by the winds they experience.[38]

In his book *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*, Shigehisa Kuriyama points out that there is no such distinction in the modern conceptualization of self:

> We tend now to take for granted that a doctor's training should begin with the study of inner structures and functions, with mastery of anatomy and physiology. But there was an era when the body represented something quite different from the entity that we imagine now—a discrete given, an independent and isolated object. Once upon a time, all reflection on what we call the body was inseparable from inquiry into places and directions, seasons and winds. Once upon a time, human being was being embedded in a world.[39]

The human experience is inevitably in reference to the environment in which we situate ourselves. Our conceptualizations of reality, and the way we experience life, are informed by what we've learned but also by our sometimes-incoherent assumptions about the world.

I bring up this point not to illustrate that ancient conceptualizations of wind or cold air neatly translate into the contemporary conceptualizations we encounter today; nor were they neatly done away with, especially in the biochemically-obsessed medical world of today, where progress is only considered by the discovery of some presumably transcendent truth. Medicine and medical knowledge has never been informed by biomedicine alone. Everything in medicine,

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[38] Hippocrates. "Airs, Waters, Places." In *Hippocratic Readings*, translated by J. Chadwick and W. N. Mann, 148-169. New York, NY: Penguin Books, 1983.

[39] Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*, 262.

from patient compliance to the doctor-patient relationship, to medical education, to even the definition of "healthy" itself has been informed by much more than the transcendent truths discovered by science.

Medicine and health are so intrinsically wound up in politics, sociology, anthropology, history, folklore, economics, art—and yes, fashion—that it is easy to lose sight of the ripples of influence that each of these spheres cast on one another. It is easy to look at a quote from *Airs, Waters, and Places* or the *Neijing* and to say: "Look how far medicine has come"—it is my hope that this research, and research like it, can help demonstrate that medicine has never, and never will be, completely separate from philosophy—nor will it be free from history, politics, art, or any of those "other" disciplines.

The case of the mask in China has, if nothing else, illustrated the interconnectedness of medicine with these seemingly unrelated disciplines. In addition, it illustrates that power of narrative—and the power of any person to contribute to a narrative, be it personal, familial, cultural, national, or global. As evidenced by its long history and continually re-rationalized used, the mask is here to stay—it is a (literally) in-your-face narrative that has had the power to delineate illnesses from metaphor and the unknown, has played a role in the formation of the identities of the ill, the health-conscious, and the environmentally-savvy in China, and has served as a medium through which ideas are formed, communicated, and reflected upon.

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“天南地北:禁带口罩,” CNBKSY. 《海潮周报》 (1946).

Interviews (names are psuedonyms):

Chuan, interviewed 6-16-2017.

Tina, interviewed 7-20-2016.

Doctor Gu, interviewed 7-15-2016.

Yang, interviewed 7-20-2016.

Jesse, interviewed 8-23-2017.

Mia, interviewed 6-15-2016.

Shiyou, interviewed 9-21-2016.

Appendix A—Research Methodology and Problems of Interpretation

The seven interviewees whose interviews are used in this thesis ranged in age from nineteen to approximately seventy years old; they were all originally from Mainland China, and five of seven have lived abroad for an extended period of time, for school or for work. Four of the seven were college students; the remaining three have careers in China. Of these three, one was a former physician working in China.

Interviewees were found using the following criteria: in order to be suitable for this project, interviewees must be native Chinese people, be they expatriates or currently living in China. Most of the interviewees spoke Mandarin Chinese during the interviews, however some of them spoke English, and many spoke a combination of the two. Although according to the Institutional Review Board of the Ohio State University, this project is exempt from any restrictions, scrutinies, or limitations in interactions among human subjects—given the ordinary, conversational nature of the interviews and confidentiality of information—interviewees were found only by the "snowball effect," where the interviewer cannot directly ask a potential interviewee if they would like to be interviewed. Rather, interviewees must be invited by past interviewees or by third-party contacts; using this strategy, I had no direct contact with the interviewees before they informally consented to be interviewed.

After we made contact, all interviewees were given an informed consent form in Mandarin Chinese and asked to read it over, sign it, and return it before the interview was conducted. A copy of the informed consent form has been attached for reference.

When researching such an intangible thing as a conceptualization—an idea upheld by society—it is difficult to parse out the valuable sources from the noise—to separate the relevant sources from the irrelevant—and, as is especially relevant to a project of this size (wherein no

attempt was made to reach a statistically significant number of interviews), to find the appropriately representative stories.

Although every effort was made to "fill out the gaps" in the overall story of Chinese mask use, by asking people of every "type" to tell it—old people and young, educated and uneducated, people from every part of China, expatriates and people who don't travel, those well versed in TCM and those who skeptical of it, medical professionals and laymen—the problem of selection bias must be addressed.

To begin, given the method employed to find interviewees (the "snowball method," as described above) it can be said that although interviewees are very different from each other, when considering these interviewees against the monumental population of China, it becomes readily apparent that the interviewees only represent a snapshot of the societal "web" of connection.

Still, given that the interviews were not meant as a statistically significant resource, nor claimed to be comprehensively representative but rather as guidelines on what to look for in the literature, how to connect the pieces from the past to today, the value of these interviews cannot be totally discredited.

Further, a note should be made on the nuances between interviews conducted with multiple interviewees at once versus those conducted with only the interviewer and the interviewee. I preferred the former strategy, given the added dimension of agreement or contention between the ideas, rationales, and explanations of the unique interviewees—however, with such an interview, it can be assumed that there may have been confirmation biases between interviewees in the same session. Yet, it can also be considered that an opinion parsed and

scrutinized among a group of members of society as opposed to one produced without opposition, is perhaps more representative of the societal view.

In any such project, wherein the language of the publication does not always match the languages in the methods of research, some errors in analysis due to errors in interpretation is inherent.

That being said, a great deal of words have been used in this paper dedicated to the interpretation of the words in Chinese used to describe the ideas discussed in this paper—indeed, if subscribing to the concept that culture and linguistics inform the development of ideas, such an analysis is not only interesting, but crucial.

Appendix B—Glossary

TCM:

Traditional Chinese Medicine (usually translated nowadays as 中医 *zhongyi*, or "State Medicine") is acronymized in this paper as TCM, in accordance with the popular convention. How the huge, complicated, ever-changing, nebulous concept of "Chinese medicine" became what is known today as *zhongyi,* refer to Sean Hsiang-lin Lei's "Neither Donkey Nor Horse: Chinese Medicine in the Struggle for Modernity."

口罩:

kouzhao—often translated to English as "face mask," *kouzhao* is used in this paper to describe every type of face mask. Surgical masks (most often cotton) are one type of mask that would be called by different names in English that are discussed in this paper. Some other examples of *kouzhao* are the N95 smog face mask, and the variety of fashion masks made of a variety of materials.

御寒保暖:

yuhan baonuan—literally translated as "protect from cold and keep in the warm." Used in Chinese to describe keeping warm in every respect, but attention is paid especially to *yuhuan baonuan* of the face and airway in this paper.

雾霾:

wumai—translated into English as "smog," combines the characters for "fog" and a character for "smoke." *Wumai* is slightly distinct from smog insofar as it usually inherently contains the severe form of smog unique to certain meteorological environments—one such

environment being the capital of China, *wumai* usually requires “inversion” of the topological atmosphere.

培养身体:

peiyang shenti—bodily upkeep, which is one of the main modern uses of Traditional Chinese Medicine in China.

Appendix C—Informed Consent Form, and translation

日期:

调查研究知情同意书

研究题目：口罩的用途和中国人对医药疾病的观点

莫雨森想邀请您加入一项关于中国健康，雾霾，口罩用途的调查研究。他对口罩用途动机有兴趣，而且对口罩用途和高级PPM雾霾对中国人关于健康，疾病，医药的观点影响有兴趣。

采访

采访里要用中文问问题，回答问题。莫雨森要用手机或者摄影机记录采访。采访要一个小时左右。您可以拒绝回答任何问题，而且可以随时停止采访。如果需要，他会根据您的方便安排另一个小时的采访。采访里，您需要具体说明哪些消息可以被使用，您的工作之类的消息。

风险和利益

接受这种采访会有的风险（比如说政府审查，文化歧视等）很小。 而且刊物里的假名帮助减轻风险。您可以决定不要回答什么问题，而且会随时停止采访。此外，采访里讨论的事很普通，没有什么特别的问题。出版研究刊物以前，您可以随时更改或者驳回您采访里说的内容。您不会因为此次参访有经济上的收入或者支出。

保密性和数据保护

采访里，您需要具体说明哪一些消息可以被使用，工作之类的消息。

研究的过程中，莫雨森要保持采访的转录在他的电脑上。他的电脑是密码保护的。研究的结束五年之后，莫雨森要删除所有的转录和副本。如果您想的话，您说的事情能跟您的名字没有关系；如果您想要这样的话，莫雨森要创造一个相当于您的名字的编号。一个名单跟所有的编号要被保持在别的有密码的文档中。研究刊物做完的时候，莫雨森要删除名单和编号。他会确保采访消息的隐秘和安全，除非被传票迫发布。

时间

采访时间在一个小时左右。

知情同意副本

如果您想要的话莫雨森会复制这张同意表交给您。

问题

关于此研究若有疑问、关注事宜或投诉，可联络莫雨森，电话是（614-296-2158），WeChat名字是Harrison Fillmore，电邮地址是 harryfillmore@gmail.com。若您对于参加此研究的对象拥有哪些权利存在疑问，可与负责任研究方法办公室的 Sandra Meadows 女士联络，电话是 1-800-678-6251 or 1-614-688-4792。您可拨打此号码与非研究组成员的某个人讨论关注事宜或投诉。

Date

IRB Consent Form

"Face Mask Use in China as a Proxy for Conceptions of Health and Illness"

Harrison Fillmore has asked to interview you about health, air pollution, and the use of face masks in China. He is interested in both the motivation behind mask use and the interaction between increasingly dangerous air pollution in China and the Chinese people's perceptions of health, illness, and medicine.

The Interview

The interview will be conducted in Mandarin Chinese. Harrison Fillmore will record the interview in person or by telephone. It will last from one to two hours. You will be free to decline to answer any question and you may stop the interview at any time. If more than one session is needed to explore your work, he will schedule a follow-up interview at your convenience. During the interview, you will specify exactly what information may be used with your name and position made public, and what must be used only if your identifiers (name, institution, position, place, personal attributes), and those surrounding the events you describe, are masked by the use of pseudonyms and alternative scenarios.

Risks and Benefits

The possible risks (e.g. cultural discrimination, governmental scrutiny) associated with discussing air quality in China will be mitigated by the use of masking identifiers. Moreover, the risks associated with such an interview are very small; we will not be discussing uncommon information. You may choose not to answer any questions and you may end the interview at any time. You may also withdraw your interview information from his study at any time prior to submission for external review at a press. There will be no cost to you for participating in this study and you will not receive any compensation.

Participants may benefit from contributing their experiences to historians' understanding of health, illness, and medicine in China.

Transfer of Copyright

[Name] _____ [interviewee] of [full mailing address] _____ transfers to Harrison Fillmore legal title and all literary property rights, including copyright, to the recording and text of the interview(s). This transfer does not preclude any use that the interview may wish to make of the stories, ideas, or opinions given in the interview(s) in any presentations of publications during the interviewee's lifetime. The sole purpose of this transfer is to allow the use of quotations from Harrison Fillmore's publications that contain the interviewee's words without requiring independent permission from that interviewee for that use.

Confidentiality and Data Protection

Once the interviews are completed, Harrison Fillmore will transcribe any quotations and extracts he wishes to use or to reference in his presentations and publications and you will be given an opportunity to make corrections and to make a final decision about what he may and may not use. In the interview, Harrison Fillmore will discuss the language you wish to receive these materials in. Masking identifiers will result in altering information about you and your ideas to the extent that your stories will be partly fictionalized.

Throughout this study, Harrison Fillmore will keep the interview recordings on the local, password protected hard drive of his laptop computer. At the conclusion of the work, he will destroy any transcripts and permanently erase all recordings. All transcripts and summaries of information that you do not wish to be identified with you will be marked only with an identification number. A master list of names and identification numbers will be kept in a separate password protected digital file. A year after he has

finished recording and transcribing partial interviews, he will destroy all transcripts, permanently erase all recordings, and delete the master list of names and identification numbers. He will maintain confidentiality of masked identities, unless required by a subpoena to release them. The Ohio State University Institutional Review Board, Ohio State University Office of Responsible Research Practices, and the federal Office of Human Research Protections may also review data for audit and investigational purposes.

Time Commitment

The interview and time needed to review materials sent to you should take no more than four hours in all.

Copy of this consent form

You will be given a signed copy of this consent form for your records.

Questions and Concerns

If you have any questions about this study or if you feel that you were harmed in any way as a result of study participation, you may contact Harrison Fillmore at any time at 614-296-2158 or by email at *harryfillmore@gmail.com*. For questions about your rights as a participant or to discuss other study-related concerns or complaints with someone who is not part of a research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251 or 1-614-688-4792.